

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26079**

FILED JUL 29 1954

BIRTH NO. _____		REG. DIST. NO. <u>362</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren			
b. CITY (If outside corporate limits, write RURAL and give township) Warrenton		c. LENGTH OF STAY (in this place) 8 days		c. CITY OR TOWN Warrenton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Katie Jane Memorial Home				f. STREET ADDRESS (If rural, give location) 1090			
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) (Harry) c. (Last) Garrett			4. DATE OF DEATH (Month) (Day) (Year) July 20, 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 19, 1873		9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months 8 Days 1	11. UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Advertising		11. BIRTHPLACE (City and State or Foreign Country) England		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE Delia Walsh Garrett, decd.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Celia Grohman, Warrenton, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Purpura Hemorrhagica				DUE TO (b) Pneumonia bilateral hypostatic			246
ANTECEDENT CAUSES				DUE TO (c) Chronic Myocarditis			on
II. OTHER SIGNIFICANT CONDITIONS				Severely			in
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4222			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 12, 1954</u> , to <u>July 20, 1954</u> , that I last saw the deceased alive on <u>July 19, 1954</u> , and that death occurred at <u>11:30 P.M.</u> , (from the cause and on the date stated above).							
23a. SIGNATURE (Degree or title) Richard H. Helms, M.D.				23b. ADDRESS Warrenton, Mo.		23c. DATE SIGNED 7-22-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-22-54	24c. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery		24d. LOCATION (City, town, or county) (State) Truesdale, Mo.		
DATE REC'D BY LOCAL REG. 7-22-54		REGISTRAR'S SIGNATURE Floyd Logan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
40,

7
4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Weiberg*.....
Licensed Embalmer No...38...

P. O. Address...Warrent...

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**